

## Application Data Sheet

### Application Information

Application number:: Unassigned  
Filing Date:: December 13, 2001  
Application Type:: Regular  
Subject Matter:: Utility  
Suggested classification::  
Suggested Group Art Unit::  
CD-ROM or CD-R??::  
Number of CD disks::  
Number of copies of CDs::  
Sequence Submission::  
Computer Readable Form (CRF)?::  
Number of copies of CRF::  
Title:: METHODS, SYSTEMS, AND KITS FOR LUNG  
VOLUME REDUCTION  
Attorney Docket Number:: 017534-000730US  
Request for Early Publication:: No  
Request for Non-Publication:: No  
Suggested Drawing Figure::  
Total Drawing Sheets:: 16  
Small Entity?:: Yes  
Latin name::  
Variety denomination name::  
Petition included?:: No  
Petition Type::  
Licensed US Govt. Agency::  
Contract or Grant Numbers One::  
Secrecy Order in Parent Appl.: No

### Applicant Information

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: RODNEY  
Middle Name:: A.  
Family Name:: PERKINS  
Name Suffix::  
City of Residence:: Woodside  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 235 Mountain Wood Lane  
City of Mailing Address:: Woodside  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94062

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: PETER  
Middle Name:: P.  
Family Name:: SOLTESZ  
Name Suffix::  
City of Residence:: San Jose  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 4975 Miramar Avenue  
City of Mailing Address:: San Jose  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 95129

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Applicant Authority Type:: Inventor  
Primary Citizenship Country:: US  
Status:: Full Capacity  
Given Name:: ROBERT  
Middle Name::  
Family Name:: KOTMEL  
Name Suffix::  
City of Residence:: Burlingame  
State or Province of Residence:: CA  
Country of Residence:: US  
Street of Mailing Address:: 116 Bloomfield Road  
City of Mailing Address:: Burlingame  
State or Province of mailing address:: CA  
Country of mailing address::  
Postal or Zip Code of mailing address:: 94010

#### Correspondence Information

Correspondence Customer Number:: 20350

#### Representative Information

Representative Customer Number:: 20350

#### Domestic Priority Information

|                  |                         |                      |                      |
|------------------|-------------------------|----------------------|----------------------|
| Application::    | Continuity Type::       | Parent Application:: | Parent Filing Date:: |
| This Application | Continuation of         | 09/606,320           | 06/28/00             |
|                  | Continuation-in-part of | 09/347,032           | 07/02/99             |

#### Foreign Priority Information

|           |                      |               |
|-----------|----------------------|---------------|
| Country:: | Application number:: | Filing Date:: |
|-----------|----------------------|---------------|

### Assignee Information

Assignee Name:: PULMONX  
Street of mailing address:: 1049 Elwell Court  
City of mailing address:: Palo Alto  
State or Province of mailing address:: CA  
Country of mailing address:: US  
Postal or Zip Code of mailing address:: 94303

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